. •	- PATE	ENT APPLICA	•	E DETERM cember 8,		TON RE	COR	ID .	1	0/_	2.	30	5	60
		CLAIM		ED - PART lumn 1)	(Column 2)			SMA TYPE		YTITY	,	OR		ER THA LL ENTI
	TOTAL CLA	MMS				NUMBER EXTRA		RA	TE	FEE		Γ	RATE	FE
	FOR		NUM	NUMBER FILED				BASIC	FEE	150 C	00	OR	ASIC F	EE 260
	TOTAL CHAP	GEABLE CLAIM	is 20	20 minus 20=		•,		X\$ 2	25=			OR	X \$ 50	:
ŀ	INDEPENDEN		/	/ minus 3 =				X 100=				OR	X200=	
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	II the differe	.0. iv c	olumn 2		TOTA	۱۱		\int_{C}	L PR T	OTAL	220			
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									LEN	YTITY	_ O			R THAN
MENDMENT	5/30/	CLAIMS REMAINING AFTER AMENDMEN	6	HIGHE NUMBI PREVIOL	ST ER JSLY	PRESENT EXTRA	7 (RATE		ADDI IONAL FEE	7	Г	RATE	ADD TION.
	Total	.20	Minus	-20		:		X\$ 25	$\neg \neg$		Of	R X	\$50=	1
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MENT 8		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column HIGHES NUMBER PREVIOUS PAID FOR	T R GLY	PRESENT EXTRA	7 [RATE	TIC	DDI- DNAL EE		R/	ATE	ADDI- TIONA
Z D M E	Total	• AMICIADMICIAL	Minus	PAID FOR	=	 	1 ,	<\$ 25 =	1-	EC.	OR	XS	50=	FEE
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	(Column 1) (Column 2) (Column 3)									ب	į	AUUII	. rec L	
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR		RESENT EXTRA	R	ATE	ADI TION FE	VAL		FA.	re	ADDI- TIONAL FEE
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-	ndependent	NTATION OF MU	Minus	CAIDENT OLA	=		X1	00=			R	X20	0=	
J'	- HOLFICSE	INTION OF MU	CHIPLE DEP	ENDENT CO	1IAI		 				-			

Application of Docket Number

+360=

TOTAL

OR

OR

+180=

ADDIT. FEE

TOTAL

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

[&]quot;If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20,"

[&]quot;If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.